



New Vendor/Change Request

To help prevent fraud, all requests must be authenticated by contacting the original vendor and confirming the changes. Please complete the Verification section below.

VENDOR SECTION

___ New Vendor - **All new vendor requests must be submitted with a completed W-9 form.**

___ Change to Current Vendor (address, contact, phone #, etc.)

Vendor Name: _____

DBA (if different from above): _____

Contact Name (optional): _____

Mailing Address (orders/payments): Street: _____

City/State: _____ Zip: _____

Email: _____ Website: _____

Telephone: _____ Fax #: _____

Make Check Payable To: Name _____
(if different from above) Street: _____

City/State: _____ Zip: _____

Email: _____ Website: _____

Telephone: _____ Fax #: _____

Please complete this form and forward to the school/department requesting your business.

For questions regarding completion of this form contact Purchasing at 503-353-6037

SCHOOL/DEPARTMENT SECTION

Unit # _____ Contact Person _____ Telephone _____

Please complete this form and email to purchasing@nclack.k12.or.us. Purchasing may require 2 full business days from receipt to process this request.

VERIFICATION:

I, _____, have contacted the existing vendor via ___ phone ___ email ___ website
(Requestor's Name)

or ___ other (store visit, invoice, etc.) and verified that the above change of information is true and correct. Please list as much information as possible below:

Name of Vendor: _____ Name of Vendor Representative Contacted: _____

Phone Number: _____ Email: _____

Website: _____ Other: _____